

Kentucky Board of Licensure for Massage Therapy

PO Box 1360
Frankfort KY 40602

Telephone: (502) 564-3296 ext. 240

FAX: (502) 564-4818

Filing a Complaint

What are your rights?

You have a right to expect a professional standard of care and conduct from a Massage Therapist. If you believe a Massage Therapist has violated Kentucky statutes or regulations, you may send a written complaint to the Kentucky Board of Licensure for Massage Therapy. As the body responsible for regulating the Massage Therapy profession and protecting the public in matters related to Massage Therapy, the Board will review your complaint and take appropriate action.

How does the complaint process work?

Complaints that have been received in writing at the Board office will be acknowledged immediately by letter. The complaint will then be reviewed by the Board members at their next meeting. If no law appears to have been broken, you will receive notification from the Board. If the Board believes a law may have been broken, an investigation will take place. If the Board files formal charges against a Massage Therapist as a result of the investigation, an administrative hearing may be held. This formal hearing involves lawyers, a court reporter, a hearing officer and witnesses. If the Board finds that the Massage Therapist has not met the prescribed standard of care and conduct, it has the authority to impose penalties ranging from suspension or loss of license to a reprimand. A penalty may be reached by agreement between the Board and the Massage Therapist.

What might I expect from filing a complaint?

The complaint process is a detailed and careful one, and you should expect some delay. In every case the massage therapist will be informed that a complaint has been filed, the name of the complainant, and the disposition of the complaint. Not every complaint results in disciplinary action by the Board if the Massage Therapist has not violated the laws governing Massage Therapy. If charges are filed, a hearing may be held similar to a court trial, and it is open to the public. You may be subpoenaed as a witness to provide testimony regarding the case. In this event the Assistant Attorney General assigned to the Board will assist you in preparing for the hearing. If the Board orders a specific sanction, the Massage Therapist has the right to appeal, and a final decision may be delayed in the courts. While you may have an opinion regarding the process and outcome of processing your complaint, please remember that the decisions to dismiss or settle a case or propose disciplinary measures are solely the decision of the Board and may be subject to review by the courts.

If the Board files formal charges or takes formal action against a Massage Therapist, most portions of the investigative file will become a "public record" which can be viewed by any individual who requests to do so. The record may include your written complaint, transcripts, or reports of interviews, letters, and other reports. All testimony and evidence admitted in a formal hearing have the status of public record as well. Client records obtained in the process of investigation usually can be protected from disclosure as public records.

Throughout the various stages of the complaint process, you will be kept informed. You will also be advised of the final outcome.

How do I make a complaint?

You should complete the complaint form that accompanies this information sheet. Make sure you give all pertinent information. Please sign the complaint form so that the Board may look further into your concerns. If your complaint refers to treatment of a specific client, the client must sign the "Client Agreement to Release Information" form as well. Complaints and release forms should be mailed to:

Kentucky Board of Licensure for Massage Therapy
ATTN: COMPLAINT PROCESSING
PO BOX 1360
FRANKFORT KY 40602-0456

Phone: (502) 564-3296 ext. 240
Fax: (502) 564-4818

DATE RECEIVED: _____

COMPLAINT NO.: _____

KENTUCKY BOARD OF LICENSURE FOR MASSAGE THERAPY Complaint Form

Person Filing Complaint

Name: _____

Address: _____ City: _____ State: _____ Zip Code _____

Day Telephone: () _____ Evening Telephone: () _____

Client Information

(if different from person filing complaint)

Name: _____

Address: _____ City: _____ State: _____ Zip Code _____

Day Telephone: () _____ Evening Telephone: () _____

Relationship to person filing complaint: _____

Name of Massage Therapist

Name: _____

Address: _____ City: _____ State: _____ Zip Code _____

Day Telephone: () _____

Name and phone number of persons who may provide additional information

1. Name _____ Telephone: () _____ Type of Information _____

2. Name _____ Telephone: () _____ Type of Information _____

3. Name _____ Telephone: () _____ Type of Information _____

4. Name _____ Telephone: () _____ Type of Information _____

Brief Summary of Complaint

(Please be as specific as possible regarding names, dates locations, and actions which you believe to be improper, unethical or unprofessional.)

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